UTILIZATION REVIEW AND YOU

The Regional Centers have been using the Utilization Review Committee (URC) for the past couple of years for the purpose of

- ensuring that the services are fair and consistent statewide
- ensuring plans reflect the individual's needs
- ensuring that levels of services are defined and documented within the outcomes of the plans
- ensuring plans meet all local, state and federal requirements
- Ensuring accountability of Public Funds.

The plans that the URC looks at are 1) the first plan and budget; 2) changes in plans and budgets that increase the amount of funding needed; 3) and those that the URC deem necessary to generally review such as when services are underutilized.

Recently, the process was reviewed by a Management Advisory Team and a few changes have been made. The plan will be developed with the Individual Planning (IT) team and the consumer/guardian will be asked to review and sign the plan before the plan is sent to the URC. All information from the URC will be written on the Recommendation Form. In addition, consumers, guardians and providers of service will be notified in writing as follows:

- When the URC requests additional information about the plan from the case manager.
- When the plan has been approved and/or put on the waiting list.
- When the service/funding request has been denied.

In each situation the recommendation form from the URC will be attached to the letter. As always, appeals rights are granted when a service is denied. With Medicaid Waiver services the appeal process is a bit different than when the service request involves State General Revenue dollars. An appeal brochure will be included with all denial letters.

One matter of appeal may need further clarification. It is always possible to appeal and provide additional information that may cause the URC to change its mind; however, if the request is for General Revenue dollars and the regional center does not have the money available in the current budget then the service can be denied. By state statute services are provided within the limits of available resources.

The changes will allow for consumers, guardians and provider to be better informed as the plan works there way through the committee. As always the case manager can answer any questions that may arise.